



STATE OF GEORGIA  
DEPARTMENT OF MOTOR VEHICLE SAFETY  
REGULATORY COMPLIANCE SECTION  
2206 EAST VIEW PARKWAY  
P.O. BOX 80447  
CONYERS, GA 30013

\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
Date Expires

**APPLICATION FOR RENEWAL OF DRIVER IMPROVEMENT  
CLINIC CERTIFICATE**

ALL RENEWALS MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO  
AND NO MORE THAN 60 DAYS PRIOR THE DATE OF EXPIRATION

1. Name of Clinic \_\_\_\_\_

2. Is this Clinic associated in any way with a corporation? If so, please state the name  
of the corporation(s). **All clinic forms, including surety bond and business license,  
must reflect the same name and address as is listed on this application.**

\_\_\_\_\_

3. Names of all Owners, Partners or Corporate Officers \_\_\_\_\_

\_\_\_\_\_

4. Contact Person \_\_\_\_\_

5. Business Address \_\_\_\_\_

6. Mailing Address \_\_\_\_\_

7. Clinic Telephone Number \_\_\_\_\_ 8. Clinic Fax Number \_\_\_\_\_

9. Current Clinic Certificate Number \_\_\_\_\_ 10. E-Mail Address \_\_\_\_\_

11. Program(s) this clinic is certified to provide: NSC ☐ G.A.R.D.E. ☐  
AIPS ☐ USA/Georgia ☐

12. Is this clinic a classroom only location? Yes ☐ No ☐

13. Certificates of Completion Numbers currently in the possession of this Clinic

\_\_\_\_\_

14. List the name, Department-issued instructor certificate number, program certification (i.e. G.A.R.D.E., NSC, USA, AIPS) and certificate expiration date for all instructors employed by your clinic. Please see chart below:

Name	Instructor Certificate Number	Curriculum	Certificate Expiration Date

**ATTACH THE FOLLOWING TO APPLICATION**

1. A renewal fee of one hundred dollars (\$100.00) in the form of a money order, cashier's check or certified check. NO PERSONAL CHECKS WILL BE ACCEPTED
2. A Surety Bond Continuance Certificate that verifies the bond is valid and in force. The Continuation Certificate should list the term beginning and ending date of coverage.
3. Curriculum Program Renewal or Current Program Certificate (from one of the following: G.A.R.D.E., NSC, USA/Georgia or AIPS)

**Important Note:** You must contact this office within ten (10) days if there has been any change in Clinic ownership, partners or stockholders.

The undersigned being duly sworn, states: I am the owner(s), partner(s), member of the firm or officer of said corporation or association, applying for a Driver Improvement Clinic Certificate Renewal in accordance with the provisions of the Act effective October 15, 1978, for the purpose of instructing persons in Driver Improvement Clinics; and the answers to the foregoing questions are complete and the statements contained in this renewal application are true.

\_\_\_\_\_  
Full Signature of Owner/Partner/Member/Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Person Completing this Application

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Seal Required)